

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **091831141** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	1			
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TOTAL
AMOUNT
TOTAL
DEP.
TOTAL
CLAIMS

5-1380-3-78

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE